

Case Number:	CM15-0132276		
Date Assigned:	07/20/2015	Date of Injury:	03/16/2009
Decision Date:	08/14/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old male who sustained an industrial injury on 3/16/2009 resulting in pain in bilateral shoulders, knees and lower back. He is diagnosed with chronic lumbago with degenerative joint disc disease; lumbar spondylosis; bilateral knee strain with arthritis; bilateral knee symptomatic osteoarthritis; degenerative joint disease with patellar chondromalacia; left knee internal derangement; meniscus tear; bilateral shoulder tendonitis, bursitis, and possible degenerative joint disease; shoulder impingement syndrome; right shoulder rotator cuff tendonitis with impingement syndrome and glenohumeral joint synovitis; and, left shoulder rotator cuff injury. Treatment has included meniscectomy arthroscopy; arthroscopic decompression with bursectomy rotator cuff repair to the right shoulder; rotator cuff repair acromioplasty for subacromial decompression on the left shoulder; physical therapy; injections; and, medication. Notes state all measures have been minimally helpful. The injured worker continues to present with persistent severe pain in bilateral knees, shoulders, and lumbar spine. The treating physician's plan of care includes Norco 10-325 mg. He is not presently working.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #50 (Med 10): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant sustained a work injury in March 2009 and continues to be treated for chronic pain. When seen, his last visit was four months before. He was gaining weight and his BMI was nearly 31. Physical examination findings included first CMC joint tenderness. Diagnoses were chronic lumbar dysfunction with pain disorder, osteoarthritis of the knees, and status post bilateral rotator cuff repair with acromioplasty. Lidoderm, Pennsaid, and Norco were refilled. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.